Application or Docket Number 23815711150

PATENT APPLICATION FEE DETERMINATION RECORD

LIOATION I LL DETERMINATIO
Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY OTHER TH				
			(Column		(Column 2)			TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			17		•	,		RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
ТС	TAL CHARGE	ABLE CLAIMS	17_ minus 20=. * 0					X\$ 9=		OR	X\$18=	
INE	EPENDENT CI	_AIMS	/_ minus 3 = */					X43=		OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT							1		-
t If the difference in column 1 is less than zero enter "O" in column 2								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	(Column 1) (CLAIMS				(Column 2) (Column 3)					1		4551
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		1	145-			+290=	
							, L	+145=		OR	TOTAL	
••						•	ļ	ADDIT. FEE		OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		= :.		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=			+290=	
								TOTAL		OR	TOTAL	
		· .Þ	DDIT. FEE	·	OR	ADDIT. FEE						
	-	(Column 3)			2							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	٠
ME	Independent	* *	Minus	***		=		X43=		oR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
**	f the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	· · ·
		mber Previously Pa ber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	